Image# 29991790706 03/25/2009 08:44

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	1	ORGANIZATION (See instructions)					
						Office use only	
1. NAME OF COMMITTE	E (in full)		ck if name anged)		nple: If typying, type the lines	12FE4M	5
TECO ENI	ERGY INC	EMPLOYEES' P	AC	11			
ADDRESS (numb	er and street)	702 N FR	ANKLIN STR	EET			
(Check if a							
is changed)	TAMPA			لبيبي	L FL	33602 - 1 1 1
			(CITY		STATE	ZIP CODE 🛦
COMMITTEE'S E	E-MAIL ADDF	RESS (Please provi	de only one e-m	ail addre	ess)		
COMMITTEE'S E-MA (Check if address is changed) COMMITTEE'S WEE (Check if address is changed)		caremme	rs@tecoene	rgy.cor	m 		
io onaligoo	,						
COMMITTEE'S \	WER PAGE A	DDRESS (LIBL)					
		l					
· ·							
2. DATE	0 3	D 2 5 / Y Y 2 0) 0 9 °				
3. FEC IDENT	IFICATION N	UMBER	C	C00	161422		
4. IS THIS STA	ATEMENT	X NEW (N)	OR		AMENDED (A)		
I certify that I have	examined this	Statement and to the	best of my know	ledge and	d belief it is true, correct ar	nd complete	
Time or Drint Nor	no of Tropour	CHR\	S REMMERS	s			
Type or Print Nar	ne or Treasur	al		-			
Signature of Trea	surer El <u>ec</u>	tronically Filed by	CHRYS RE	MMER	S	Date 0	3 / 25 / Y 200
NOTE: Submission	n of false, erron				ne person signing this Stat		nalties of 2 U.S.C. S437g.
Office					For further information		FEC FORM 1
Use Only					Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 02/2009)